## LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.



FOR OFFICE USE ONLY

Postmark Date: \_1/24/98

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## Instructions

- Print in ink or type.
- Complete form, have it noterized and return with \$10 fee to Board of Ethics, 8401 United Plaza Blvd., Suhe 200 Baton Rouge LA 70809-7017, (504) 922-1400.
- This form must be submitted within 5 days of any changes in your registration form to add employers or those you represent or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.
- Complete employer verification form(s) must be submitted for each additional representation.

If No, who pays you? .lones . Walker.

Torminated Representation as of January 31, 1998

			٠. غ ا	,
I. NAMB Casev	Thomas First	А. М		39
2. BUSINESS PHONE (504)	231-2084		4.2	3
3. BUSINESS ADDRESS 855 Street and			or, Baton Roug Zip	e, LA 70809
4. EMPLOYER Jones, Wa	lker, Waechter, P	oitevent, Car	rere & Denegr	e
5. EMPLOYER'S ADDRESS A5	55 United Plaza B Street and No.	City	oor. Baton Rou State Zip	ge, I.A 7080
6. Have you ceased or terminated a	ll lobbying activities requiring	g registration? Yes	No_X	
<ol> <li>LIST BELOW (a) Names of perperson, group, or organization group; (d) whether or not the c 24:53(C) REQUIRES THAT A EMPLOYS YOU. THOSE PO</li> </ol>	listed; (c) the type of business llem or someone cise pays you VERIFICATION FORM BE	each is engaged in or a to lobby; and (c) the a SIGNED BY EACH I	the purpose or function of date of termination if app PERSON YOU REPRES	of the organization or plicable. R.S.
1. Name Keane Trac	ers. Inc.	18 18c	9	
	r Bridge, 100 Fro		ite 300	<del></del>
Business or purpose As	one ne out on a training	1428		<b>-</b> 01
New Representation		<b>X</b> S		
Does this p	erson pay you? <u>No</u>	0.000		

HAND DELIVERED

## SUPPLEMENTAL REGISTRATION FORM



2.	Name Westinghouse Blectric Corporation	ži.
	Address Suite 1200, Watergate 600, 600 New Hampshire Ave. NW, DC 20037	Washington
	Business or purpose Manufacturing	
	New Representation Does this person pay you? No	
	If No, who pays you?Jones, Walker, et al.	
	Terminated Representation as of January 31, 1998	
3.	Name Ochaner Clinic	9
	Address 1514 Jefferson Highway, New Orleans, LA 70125	
	Business or purpose Health Care	
	New Representation Does this person pay you? No	
	If No, who pays you? Jones, Walker, et al.	
	KX Terminated Representation as ofJanuary 31, 1998	
Ser.	ste of <u>Louisians</u>	
	Size No. 10	
ra	rish of East Baton Rouge	
Be	fore me, the undersigned authority, personally came and appearedThomas_A. Casey	, who,
afì	er being duly swom by me, did declare and acknowledge to me that the above statements are tru	e and correct.
	(8)	
	Thomas a. Casay	
	Signature of Lobbyist	
Sv	form to and subscribed before me on this 29t Hay of January 19 98	
	1	
	Borreld & Bradford	
	Notary Public	

4.	Name: Carter-Wallace, Inc.  Address: 1345 Avenue of the Americas, New York, NY 20105				
	Business or purpose: Pharmaceutical manufacturer				
<u> </u>	New Representation				
	Does this person pay you? No				
	If No, who pays you? Jones. Walker, et al				
X	Terminated Representation as of January 31, 1998				

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